

Application or Docket Number
10/815465

Substitute for Form PTO-875

(Column 1)

(Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter '0' in column 2

(Column 1)

(Column 2)

(Column 3)

FIRST PRESENTATION OF MULTIPLE DEPENDENT AND INDEPENDENT

OR

OTHER THAN
SMALL ENTITY

TOTAL.

OR

8

22

511

On

OR

OTHER THAN
SMALL ENTITY

ΛΟΟΛ ΠΕΕ

CH:

28

4

10. *Journal of the American Medical Association*, 2000; 284: 1039-1044.

Column 1

(Column 2)

(Column 3)

FIRST PRESENTATION OF MULTIPLE DEPENDENT QUANT (31 FEB 1960)

TOTAL
4001.666

2

5.

6.

(:

(Column 1)

(Column 2)

(Column 3)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) (3) 1 16(d)

TOTAL
COSTS

1

22

11

- If the entry in column 1 is less than the entry in column 2, enter '0' in column 3.
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".
 • The "Highest Number Previously Paid For" IN THIS SPACE is less than 1, enter "1".

[illegible]